

Jefferson County Health and Human Services 2003 Performance Measures: Community Health

BUDGET/PROGRAM: Communicable Disease

TB, Communicable Diseases, Immunization, Travelers Immunization, Sexually Transmitted Disease, HIV, Syringe Exchange Program.

MISSION: Communicable Disease

The purpose of the Communicable Disease Health program is to protect Jefferson County residents from serious communicable diseases by providing disease surveillance, investigation and reporting, along with education, screening, treatment and immunization services. The program interacts with community members, medical providers, the Washington State Department of Health and other agencies while working toward this purpose.

GOALS FOR 2003

1. Maintain the low rates of active TB in Jefferson County (TB)
2. Timely investigation of reportable conditions (CD)
3. Support universal access to State supplied vaccines for all children (Imm)
4. Continue to support immunization registry in Jefferson County, promoting use by all immunization providers (Imm)
5. The Family Planning and STD clinics will assist in controlling Chlamydia transmission in Jefferson County (STD)
6. HIV testing and counseling clinic resources are focused on persons at risk for HIV infection (HIV)
7. Case management services will be easily accessed by new HIV clients who seek these services (HIV)
8. Prevent the spread of blood borne communicable diseases among injecting drug users and their partners (SEP)
9. Annual report to BOH for CD, TB, Immunization Programs, STD
10. Develop bioterrorism response capacity

OBJECTIVES (INTERVENTIONS) FOR 2003

1. Encourage appropriate screening & treatment for latent TB infection (TB)
2. Develop & update protocols for investigation of reportable conditions (CD)
3. Maintain an efficient system for supplying State supplied vaccine and vaccine recommendation up-dates to private Health Care Providers in Jefferson County (Imm)
4. Continue to provide training on the Child Profile Immunization Registry to private Health Care Providers
5. Clients seen in Family Planning and STD clinics who are at higher risk for Chlamydia (age criteria) will be screened for Chlamydia (STD)
6. 75% of clients who receive HIV testing will be high risk (HIV)
7. 90% of new HIV clients who seek case management services will have an assessment within 1 week of the date requested (HIV)
8. Promote utilization of syringe exchange program services (SEP)
9. Develop bioterrorism plan, coordinating with plans of regional bioterrorism partners, local emergency response agencies and Jefferson General Hospital

<u>PERFORMANCE INDICATORS:</u>	2002 Planned	2002 Projection	2003 Planned
(TB) Number of clients started on preventive therapy for latent TB infection	10	5	8
(CD) Number of communicable disease reports confirmed, interventions applied and processed for reporting to the state	56	68	62
(Imm) Number of doses of publicly funded vaccine, administered by private health care providers and Public Health clinics, supplied and monitored through Public Health's immunization program	3500	3500	3500
(Imm) Number of local immunizations providers (clinics) provided information and training on the Child Profile immunization registry	7	4	3-6
(Imm) Number of providers participating in the Child Profile immunization registry	4	1	4
(Imm) Number of Jefferson County children <6 in Child Profile system	70%	70%	80%
(STD) Percent of at risk FP and STD clinic clients at risk for Chlamydia screened (age criteria 14 - 24)	100%	100%	100%
(HIV) Number of persons counseled and tested for HIV infection	90	60	60
(HIV) Percent of persons counseled and tested for HIV infection that were in high-risk category	75%	69%	75%
(HIV) Percent of new HIV clients seeking case management services who have an assessment within 1 week of the date requested	90%	100%	90%
(SEP) Number of clinics	100	100	100
(SEP) Number of visits to SEP	15	15	15
(SEP) Number of syringes exchanged	1000	1000	1000
(SEP) Number of prevention/educational materials provided	15	15	15
(SEP) Number of referrals to other services	5	5	5
(BT) Develop bioterrorism response plan			1

SUMMARY OF KEY FUNDING/SERVICE ISSUES:

Communicable disease prevention is a locally funded program since the county milage was returned from the state to counties for TB control. Immunization funds from the state have been primarily in the form of vaccine. County funded Services are important in the Strategic Plan to promote healthy communities by having the infrastructure to maintain a professional staff preventing, identifying and responding to disease outbreaks. Substantial staff time is spent on responding to public requests for information about communicable diseases and screening for reportable illnesses in the process.

HIV services are funded from the state and federal government to provide basic communicable disease prevention, HIV positive client case management, testing and counseling to high-risk community members, and focused high-risk interventions. Funds are highly programmatic and based on federal case numbers, which may not represent Jefferson County epidemic profile. Volatile program funding based on formulas re-negotiated with Region VI AIDSNET every year

Developing the capacity for bioterrorism response is a new project. This response capacity will be in coordination with our bioterrorism regional partners, Kitsap and Clallam Counties and our local emergency response agencies, Jefferson General Hospital and other health care providers.

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